

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **SPECIAL OPERATIONS OPSEC EDUCATION FUND INC**

(b) Address (number and street) check if different than previously reported
901 KING STREET
SUITE 400

(c) City, State and ZIP Code
ALEXANDRIA VA 22314

2. FEC Identification Number

C C30002042

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
through
MM / DD / YYYY

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
11 / 04 / 2012

(b) Communication Title

Bump in the Road

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Chris Marston

(b) Address (number and street)
PO Box 26141

(c) City, State and ZIP Code
Alexandria VA 22313

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

0.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Chris Marston

SIGNATURE Chris Marston

[Electronically Filed] DATE 03/29/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.